

South Carolina Department of Labor, Licensing and Regulation

Board of Registration for Foresters

110 Centerview Drive
Post Office Box 11329
Columbia, South Carolina 29211-1329
Phone: (803) 896-4800 FAX: (803) 896-4484
Internet Address: www.llr.state.sc.us

PROFESSIONAL/PERSONAL REFERENCE

To Be Completed by Applicant:

You must have five professional references, of which three must be Registered Foresters.

Name: _____ Social Security (Last Four): XXX-XX-_____

To Be Completed by Respondent:

The above named applicant has applied for registration as a forester in South Carolina under the provisions of Title 48 of the 1976 Code. The South Carolina Department of Labor, Licensing and Regulation Board of Registration for Foresters requires letters of reference to satisfy the Board as to the character, integrity and competence of the applicant.

1. Your Profession: _____

2. Your number of years of experience: _____

3. Your professional registration/certification:

a. Type: _____

b. State: _____

c. Registration/Certification Number: _____

4. How long have you known the applicant? _____

5. What has been your professional relationship with the applicant?

() Employer () Supervisor () Co-worker () Other _____

(a) Description of the kind of work performed by applicant: _____

6. In your judgment would the applicant be suitable for registration based on:

Technical Competence	Yes	No	If yes, why _____
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Professional Integrity	Yes	No	If yes, why _____
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Professional Reputation	Yes	No	If yes, why _____
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Personal Integrity	Yes	No	If yes, why _____
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7. Do you know of any instances where the applicant was guilty of illegal conduct or professional misconduct? _____
(If yes, please explain on a separate sheet.)

8. Would you entrust the applicant with activities involving life, property, health and welfare of the public? _____
(If no, please explain on a separate sheet.)

9. Please include additional information and comments which would amplify or clarify the items above.
(Attach additional sheets if necessary.)

Your Name: _____ Signature: _____

Address: _____ Date: _____

Telephone: _____

PLEASE SUBMIT THIS FORM TO:

LLR Board of Registration for Foresters
110 Centerview Drive (physical address)
PO Box 11329 (mailing address)
Columbia, SC 29211-1329

